Morris View Healthcare Center

APPLICATION FOR ADMISSION

Date: _____

General Information Concerning Prospective Resident

Applicant's name:				
Home address:	Town:	County:	State:	Zip:
Birth date:	Place of birth (County/State):		Marital status: ☐ Yes ☐ No	
Number of children:	Religion:	Church:	Clergy:	
Previous occupation:			Military service: ☐ Yes ☐ No	
Referred to Morris View by:				
Applicant is now at: ☐ Home ☐ Hospital ☐ Nursing Home ☐ Other (specify)				
Facility information (name):			Facility phone number:	
Date of admission:	Contact person:		Reference source:	
Has the applicant ever been in another nursing home? ☐ Yes ☐ No		Is the applicant aware of placement decision? ☐ Yes ☐ No		
Personal physician:	Address:		Phone:	
Personal eye doctor:	Address:		Phone:	
Personal dentist:	Address:	Phone:	Dentures: ☐ Yes ☐ No	
Personal podiatrist:	Address:		Phone:	
Anticipated date of admission:	Physician assigned:			

Individual Responsible for Paying Bill

Name:	Relationship:	
Home address:	City:	State/Zip:
Home phone:	Business phone:	Cell phone:

Power of Attorney (Attach Copy)

Has anyone been appointed Power of Attorney or Guardian? ☐ Yes ☐ No	
If so, who?	To what extend?
Has an Advance Directive been prepared? ☐ Yes ☐ No	Type?

Additional Relatives (Significant Others)

Name:	Relationship:	
Home address:	City:	State/Zip:
Home phone:	Business phone:	Cell phone:
Name:	Relationship:	
Home address:	City:	State/Zip:
Home phone:	Business phone:	Cell phone:

☐ Medical Condition Forms (See PA-4 and Pre-Admission Medical Forms ☐

Financial Information Concerning Applicant *(Attach copies both sides of each card)* To qualify financially, all questions must be answered as completed and accurately as possible.		
Social Security # :	Medicare #:	Date ☐ A ☐ B
Medigap #:	Medicare Supplemental Insurance:	
Prescription card:		Policy #:
Long-Term Care Insurance:		Policy #:
Other insurance:		
Method of payment:		

Monthly Income		
		Monthly Amount
Recipient's name:	Social Security	$
	Civil Service Retirement	$
	VA Person	$
	Military Retirement	$
	Rental Income	$
	Other (specify)	$

Cash Assets in Banks, Credit Unions, Savings & Financial Institutions	
Institution name:	Location:
Type of account:	Balance in account: $
Name(s) listed on account:	
Institution name:	Location:
Type of account:	Balance in account: $
Name(s) listed on account:	
Institution name:	Location:
Type of account:	Balance in account: $
Name(s) listed on account:	

Real Estate Assets		
Does applicant own home? ☐ Yes ☐ No	Is property owned jointly? ☐ Yes ☐ No	Approx. value: $
Name(s) of co-owners:		
Does applicant own any additional property? ☐ Yes ☐ No		Approx. value: $

Life Insurance Cash Value	
Does the applicant have life insurance policies with cash value? ☐ Yes ☐ No	
Company name:	Policy #:
Approx. cash value $	Annuities: $

Funeral Arrangements (Attach Copy)		
Has the applicant made pre-paid funeral arrangements? ☐ Yes ☐ No		
Funeral home preference: (Name)		Burial account amount: $
Other Assets/Investments (Stocks, Bonds, IRAs)		
Company name:		Approx. value: $
Company name:		Approx. value: $
Please Provide Copies of the Following Certificates:		
{ Applicant's birth certificate	{ Applicant's citizenship papers	{ Applicant's divorce decree
{ Applicant's marriage license	{ Spouse's death certificate	{ Applicant's military papers
Medical Assistance		
Has the applicant applied for, or will the applicant shortly be applying for Medicaid? ☐ Yes ☐ No		
If so, what was the date?	County:	Medicaid #:
CCWB case worker:		Phone #:
Track:	Discharge date Track II:	PAS/ARR date:
NOTE: When your resources reach $20,000, you must contact the Medicaid Office and apply for Medicaid. *(See attached Medicaid form)*		
I hereby certify that to the best of my knowledge and belief, the above stated information is true, correct and completed. I understand that if any information has been falsely represented, this will be sufficient cause for voiding my application for admission. All of the information will be kept confidential by the nursing center. If the applicant's application for financial assistance is denied after admission to Morris View, the applicant/sponsor/guardian will be responsible for all changes from the date of admission. Signature of applicant: Date:		
Signature of sponsor/guarantor: Date:		
Morris View representative: Date:		

Print Form **Save Form**